MINUTES
Alabama Medicaid
Pharmacy and Therapeutics Committee
August 6, 2003

Attendees: Jefferson Underwood (Chair), Rob Colburn, Richard Freeman, W. Thomas Geary, Jr., A. Z. Holloway, Ben Main, Garry Magouirk, Ray Thweatt, Dane Yarbrough, John Searcy, Louise Jones, Tim Covington, guests (51).

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(1) The meeting was called to order by Dr. Underwood at 1:05 p.m.

(2) Dr. Underwood reminded those present that Alabama Medicaid P&T Committee operating procedures are posted on the Alabama Medicaid web-site (www.medicaid.state.al.us).

Dr. Underwood announced that future motions to amend one or more recommendations will result in a tabling of a vote pending further review and consideration of additional relevant clinical information.

Dr. Underwood reiterated guidelines for verbal presentations by external entities for P&T Committee consideration.

(3) The minutes of the June 11, 2003 meeting were approved.

(4) A pharmacy program update was provided by Louise Jones.

- Humira® (adalimumab) will require prior authorization effective September 3, 2003.
- A new and abbreviated prior authorization request form will be utilized beginning September 3, 2003.
- This new and abbreviated prior authorization request form will not be utilized for human growth hormone. Human growth hormone requests require a separate and distinct prior authorization form.
- A contact information form (manufacturer to Medicaid), updated P&T Committee operating procedures, pharmacotherapy reviews, and timelines are posted on the Alabama Medicaid web-site (www.medicaid.state.al.us).

(5) Verbal presentations were made on the following drugs by, or on behalf of, the following pharmaceutical manufacturers.

ANTIHYPERTENSIVES
Norvasc® (amlodipine) – Pfizer
Toprol XL® (metoprolol) – Astra Zeneca
Atacand® (candesartan) – Astra Zenaca
Cozaar® (losartan) – Merck
Diovan® (valsartan) – Novartis

ANTIHYPERTENSIVE COMBINATIONS
Tarka® (trandolapril/verapamil) – Abbot
Lotrel® (amlodipine/benazepril) – Novartis

(6) The pharmacotherapy reviews addressed antianxiety agents (benzodiazepine, azaspirone and miscellaneous agents), sedative – hypnotics, antihypertensive agents (diuretics, alpha-adrenergic receptor antagonists, central alpha-adrenergic agonists, direct vasodilators, peripheral adrenergic neuron antagonists, beta adrenergic receptor antagonists, calcium channel blockers, angiotensin-converting enzyme inhibitors, angiotensin-II receptor antagonists and combination antihypertensive products), and skeletal muscle relaxants (single entity and combination).

A. The P&T Committee voted unanimously to accept the recommendation that no brand name benzodiazepine antianxiety agent be recommended for preferred drug status as they offer no significant or compelling clinical advantage in general use over multisource benzodiazepine antianxiety drugs, strengths and dosage forms available.

Medical Director	☑ Approve	☐ Deny	☐ Approve with Modification
Deputy Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification
Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification

B. The P&T Committee voted unanimously to accept the recommendation that no brand name azaspirone antianxiety agent be recommended for preferred drug status as they offer no significant or compelling clinical advantage in general use over multisource azaspirone drugs, strengths and dosage forms available.

Medical Director	☑ Approve	☐ Deny	☐ Approve with Modification
Deputy Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification
Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification

C. The P&T Committee voted unanimously to accept the recommendation that no brand name miscellaneous antianxiety agent (e.g., barbiturates, meprobamate, doxepin, hydroxyzine pamoate and hydrozyzine HCl) be recommended for preferred drug status as they offer no significant or compelling clinical advantage over multisource miscellaneous antianxiety agents, strengths and dosage forms available.

Medical Director	☑ Approve	☐ Deny	☐ Approve with Modification
Deputy Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification
Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification

D. The P&T Committee voted to table the recommendation that no brand name, first generation benzodiazepine or nonbenzodiazepine GABA agonist be recommended for preferred drug status pending further evaluation addressing geriatric considerations regarding benzodiazepine and nonbenzodiazepine GABA agonist use and consistency with the "Beers List."

J Searcy MD Medical Director	☑ Approve	☐ Deny	☐ Approve with Modification
Kathy Hall Deputy Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification
Mike Lewis for Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification

E. The P&T Committee voted unanimously to accept the recommendation that no brand name thiazide, loop, potassium-sparing or diuretic combination be recommended for preferred drug status as they offer no significant or compelling clinical advantage in general use over multisource thiazide, loop, potassium-sparing and diuretic combinations, strengths and dosage forms available.

J Searcy MD Medical Director	☑ Approve	☐ Deny	☐ Approve with Modification
Kathy Hall Deputy Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification
Mike Lewis for Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification

F. The P&T Committee voted unanimously to accept the recommendation that no brand name alpha-adrenergic receptor antagonist (alpha-blocker) be recommended for preferred drug status as they offer no significant or compelling clinical advantage in general use over multisource alpha-blockers, strengths and dosage forms available.

J Searcy MD Medical Director	☑ Approve	☐ Deny	☐ Approve with Modification
Kathy Hall Deputy Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification
Mike Lewis for Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification

G. The P&T Committee voted unanimously to accept the recommendation that no brand name central alpha-adrenergic agonist be recommended for preferred drug status as they offer no significant or compelling clinical advantage in general use over multisource central alpha-adrenergic drugs, strengths and dosage forms available.

Medical Director	☑ Approve	☐ Deny	☐ Approve with Modification
Deputy Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification
Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification

H. The P&T Committee voted unanimously to accept the recommendation that no brand name direct vasodilator be recommended for preferred drug status as they offer no significant or compelling clinical advantage in general use over multisource direct vasodilators, strengths and dosage forms available.

Medical Director	☑ Approve	☐ Deny	☐ Approve with Modification
Deputy Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification
Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification

I. The P&T Committee voted unanimously to accept the recommendation that no brand name peripheral adrenergic neuron antagonist be recommended for preferred drug status as they offer no significant or compelling clinical advantage in general use over multisource peripheral adrenergic neuron antagonists, strengths and dosage forms available.

Medical Director	☑ Approve	☐ Deny	☐ Approve with Modification
Deputy Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification
Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification

J. The P&T Committee voted unanimously to accept the recommendation that no brand name beta-adrenergic receptor antagonist (beta-blocker) be recommended for preferred drug status as they offer no significant or compelling clinical advantage in general use over multisource beta-adrenergic receptor antagonists, strengths and dosage forms available.

Medical Director	☑ Approve	☐ Deny	☐ Approve with Modification
Deputy Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification
Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification

K. The P&T Committee voted to accept the recommendation that no brand name calcium channel blocker be recommended for preferred drug status as they offer no significant or compelling clinical advantage in general use over multisource calcium channel blockers, strengths and dosage forms available.

Medical Director	☑ Approve	☐ Deny	☐ Approve with Modification
Deputy Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification
Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification

L. The P&T Committee voted unanimously to accept the recommendation that no brand name angiotensin-converting enzyme (ACE) inhibitor be recommended for preferred drug status as they offer no significant or compelling clinical advantage in general use over multisource angiotensin-converting enzyme (ACE) inhibitors, strengths and dosage forms available.

Medical Director	☑ Approve	☐ Deny	☐ Approve with Modification
Deputy Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification
Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification

M. The P&T Committee voted unanimously to accept the recommendation that no brand name angiotensin-II receptor antagonist (ARB) be recommended for preferred drug status.

Medical Director	☑ Approve	☐ Deny	☐ Approve with Modification
Deputy Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification
Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification

N. The P&T Committee voted unanimously to accept the recommendation that no brand name diuretic/diuretic, direct vasodilator/diuretic, central alpha adrenergic/diuretic, beta-adrenergic receptor antagonist/diuretic, calcium channel antagonist (calcium channel blocker)/ACE inhibitor, ACE inhibitor/diuretic or angiotensin-II receptor antagonist (ARB)/diuretic combination products be recommended for preferred drug status as they offer no significant or compelling clinical advantage in general use over multisource combinations or single-entity agents in strengths and dosage forms available.

Medical Director	☑ Approve	☐ Deny	☐ Approve with Modification
Deputy Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification
Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification

O. The P&T Committee voted unanimously to accept the recommendation that no brand name single-entity or combination skeletal muscle relaxant be recommended for preferred drug status as they offer no significant or compelling clinical advantage in general use over multisource single-entities or combination agents in strengths and dosage forms available.

Medical Director	☑ Approve	☐ Deny	☐ Approve with Modification
Deputy Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification
Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification

7. The issue of "grandfathering" of brand name, nonpreferred drugs that patients are currently receiving was discussed. Medicaid responded that grandfathering of current nonpreferred brand name therapies was not a possibility due to system constraints, but that the ease of the current PA process and PA approvals for periods of time beyond "normal" PA approval periods was a distinct possibility with some drugs.

   Further, Medicaid said they will continue to work with the long-term care community in addressing special issues involving geriatric patients.

8. Under new business, Louise Jones announced that:

   - Health Information Designs (HID) was the successful bidder on the DUR/PA contract. The new contract award is effective November 1, 2003.
   - The September 17, 2003 P&T Committee meeting will address unresolved issues regarding pediatric considerations in SSRI antidepressant use and geriatric considerations in benzodiazepine and nonbenzodiazepine GABA agonist sedative-hypnotic use.
   - The September 17, 2003 P&T Committee meeting will be held at the Alabama State House, 8th Floor, Star Wars Room.
   - The December 10, 2003 P&T Committee meeting will be held at 3:00 p.m. in the Capitol Auditorium.

9. The meeting was adjourned at 3:25 p.m.

Respectfully Submitted,

Tim R. Covington, Pharm.D.

11/21/03
Date

TRC:isa